STATE OF CALIFORNIA GRAY DAVIS, Governor

## **Board of Chiropractic Examiners**

2525 Natomas Park Drive, Suite 260 Sacramento, CA 95833-2931 Telephone (916) 263-5355 FAX (916) 263-5369 Consumer Complaint Hotline (866) 543-1311 CA Relay Service TT/TDD (800) 735-2929 www.chiro.ca.gov

Please print or type



## **Application for Chiropractic Referral Service**

Pursuant to California Code of Regulations section 317.1 you are required to submit to the Board for approval an application for a chiropractic referral service. A \$25.00 nonrefundable fee must be submitted with this application.

The referral bureau shall be made up of at least five (5) chiropractors of which there is no fiduciary relationship one to the other. One participating office may not represent more than 20 percent of the bureau's available practitioners. Please enclose a copy of the contractual agreement between the referral service and participating chiropractors. In addition, provide the Board with the method

of referring callers to participating chiropractors, if not included in the agreement.

Referral Service Name:				Telephone Number for Answering		
				Service: (	)	
eferral Service Address:	Number	Street		City	State	Zip Code
ontact Person for the Referral	Service:					
Doctors Participating in	the Referral Ser	vice (if addition	nal space is nee	eded, please attac	h a separate shee	t)
me						License Number
siness Name and Address:	Number	Street	City	State	Zip Code	Phone Number
ame						License Number
siness Name and Address:	Number	Street	City	State	Zip Code	Phone Number
ame						License Number
isiness Name and Address:	Number	Street	City	State	Zip Code	Phone Number
nme						License Number
siness Name and Address:	Number	Street	City	State	Zip Code	Phone Number
ame						License Number
isiness Name and Address:	Number	Street	City	State	Zip Code	Phone Number
lease enclose a copy of th	e fictitious busin	ess name sta	atement fo	or the Refe	rral Service	
declare under penalty of p	perjury under the l	aws of the St	tate of Cal	ifornia that	the foregoin	g is true and cor
Signature of Principal Chiropractor				Date		
9REF-1 (Rev. 4/01)						
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